3/ 12

fel

DEC 0 6 2004

Application No.: 10/826,805

Docket No.: JCLA12240

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

SHEI et al.

Examiner

NADAY, ORI

Serial No.:

10/826,805

Art Unit

2811

Filed

: 04/16/2004

Docket No.

JCLA12240

For

Flip-Chip Light Emitting Diode

Package Structure

AMENDMENT AND RESPONSE TO OFFICE ACTION

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

The Office Action dated 10/04/2004, has been carefully considered. In response thereto, please enter the following amendments and consider the following remarks.

Page 1 of 10

-12/22/2004 CBROWN3 00000003 500710 - 10826805

01 FC:1202

18.00 DA

PAGE 3/12 * RCVD AT 12/8/2004 7:42:00 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/2 * DNIS:8729305 * CSID:19498560899 * DURATION (mm-ss):03-28

Copy

00
TOVINO
SI

(, · · · · · · · · · · · · · · · · · · ·								10	1/8	26,8	05	
e.	PATENT	APPLICATION Effection	ON FEE Date			TON RECO	ORD		Applicate	on or	Docket Nu	mber	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
T	OTAL CLAIM	13				1	RATE	FEE	7	RATE	FEE		
FOR			NUMBER FILED N		NUM	BER EXTRA		BASIC F	E 385.0	OF	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			23 minus 20= *			3		XS 9=	197	OF	70.0		
INDEPENDENT CLAIMS			9_minus 3 =			·	ŀ	X43=	101	7	\ \v_0c		
м	ULTIPLE DEPE	NDENT CLAIM P	RESENT				ŀ	+145=	 	OR		-	
* If the difference in column 1 is less than zero, enter "0" in column 2							L		440	OR	L		
1) 1 34 CLAIMS AS AMENDED - PART II								TOTAL	HIR.	OR OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		(Columnia Higher NUMB PREVIO	ST IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	7	RATE	ADDI- TIONAI FEE	
	Total	. 25	Minus	- 2	3	. 2		X\$ 9=	18.00	OR	X\$18=		
	Independent	. 2	Minus	***	3			X43=	1	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 	1	200		
							L	+145= TOTAL		OR	+290= TOTAL		
(Column 1) (Column 2) (Column 3)								ODIT. FEE	<u> </u>	10	ADDIT. FEE		
NOMENT B		CLAIMS REMAINING AFTER . AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total	•	Minus	**				X\$ 9=		OR	X\$18=	•	
AME	Independent	•	Minus	***		5	H	X43=	·	1	X86=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM.						H	+145=		OR	+290=		
							AD	TOTAL DIT. FEE		ОЯ	TOTAL ADDIT. FEE		
		(Column 1)		(Column		(Column 3)	٠.	•				•	
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		-	;	K\$ 9=		OR	X\$18=		
	Independent	<u> </u>	Minus	FAIDENE C				X43=		OR	X86=	•	
	ringi FRESE	NTATION OF MU	LIIPLE DEP	ENDENIC	LAIM		T.	145=		OR	+290=		

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.*

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.